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**FEE TRANSMITTAL
for FY 2001**

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$) 1370**Complete if Known**

Application Number	09/819,799
Filing Date	March 29, 2001
First Named Inventor	Michael HECKMEIER et al.
Examiner Name	Shean Chiu Wu
Group / Art Unit	1756
Attorney Docket No.	MERCK-2224

METHOD OF PAYMENT (check one)		FEE CALCULATION (continued)								
1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to: Deposit Account Number: 13-3402 Deposit Account Name: Millen, White, Zelano & Branigan, P.C. <input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		3. ADDITIONAL FEES								
2. <input checked="" type="checkbox"/> Payment Enclosed: <input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other										
FEE CALCULATION										
1. BASIC FILING FEE										
Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid					
1001	750	2001	375	Utility filing fee						
1002	330	2002	165	Design filing fee						
1003	520	2003	260	Plant filing fee						
1004	750	2004	375	Reissue filing fee						
1005	160	2005	80	Provisional filing fee						
SUBTOTAL (1)					(\$ 0)					
2. EXTRA CLAIM FEES										
Total Claims	24	-22**	=	2	Extra Claims	Fee from below	18	=	36	Fee Paid
Independent Claims	4	-3**	=	1	Extra Claims	Fee from below	84	=	84	Fee Paid
Multiple Dependent					Extra Claims	Fee from below		=	0	Fee Paid
Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description						
1202	18	2202	9	Claims in excess of 20						
1201	84	2201	42	Independent claims in excess of 3						
1203	280	2203	140	Multiple dependent claim, if not paid						
1204	84	2204	42	** Reissue independent claims over original patent						
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent						
SUBTOTAL (2)					(\$ 120)					
**or number previously paid, if greater. For Reissues, see above										
						Other fee (specify) _____				
						*Reduced by Basic Filing Fee Paid				
						SUBTOTAL (3) (\$ 1250)				

SUBMITTED BY		Complete (if applicable)			
Name (Print/Type)	John A. Sopp	Registration No. Attorney/Agent	33,103	Telephone	(703) 243-6333
Signature		Date	August 13, 2003		

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